

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

Applicant: Yuan-Tsong Chen

Serial No.: 09/902,461 Group: 1654

Filed: July 10, 2001 Examiner: M. Meller

Confirmation No.: 6796

For: TREATMENT OF GLYCOGEN STORAGE DISEASE TYPE II

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>	
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:</p>	
<u>10/3/03</u>	<u>Christina M. Sweeney</u>
Date	Signature
<u>Christina M. Sweeney</u>	
Typed or printed name of person signing certificate	

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated June 3, 2003 of the Primary Examiner finally rejecting claims 1-9 and 11-23. The items checked below are appropriate:

1.  Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated June 3, 2003 for one month from September 3, 2003 to October 3, 2003.
  2.  A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.  
 Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.
  3.  A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/> Extension of Time for one month	\$ <u>110</u>
<input type="checkbox"/> Additional Extension of Time:	
Fee for Extension ([ ] mo.)	\$ _____
Less fee paid ([ ] mo.)	- \$ _____
Balance of fee due	\$ <u>0</u>
<input checked="" type="checkbox"/> Notice of Appeal	\$ <u>330</u>
<input checked="" type="checkbox"/> Other <u>Request for Oral Hearing</u>	\$ <u>290</u>
	TOTAL \$ <u>730</u>

## 5. The method of payment for the total fees is as follows:

- A check in the amount of \$730.00 is enclosed.
- Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

*David E. Brook, R.N. 22592*

By for Elizabeth W. Mata

Elizabeth W. Mata

Registration No.: 38,236

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: 10/31/03